

# Food Compatibility and Environmental Sensitivity Testing

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<p><b>Title</b> <i>Mrs Miss Ms Mr Dr</i></p> <p><b>Surname:</b></p> <p><b>Forename(s):</b></p> <p><b>Date of Birth:</b></p> <p><b>Religion:</b></p> <p><b>Gender:</b> <i>Male Female</i></p> <p><b>Address:</b></p> <p><b>Post code</b></p> <p><b>Tel. No. Home/work</b></p> <p><b>Mobile</b></p> <p><b>Email address for test reply:</b></p>	<p><b>Occupation</b></p>
	<p><b>Name and address of GP</b></p>
<p><b>HAIR SAMPLE      Use sticky tape</b></p>	
<p><b>Health Problems</b> – Please indicate reason(s) for this test</p>	
<p><b>Current Medication:</b></p>	
<p><b>Medication taken in the last 2 years:</b></p>	
<p><b>Other relevant information:</b></p>	
<p><b>SIGNED:</b> .....</p> <p>(If for a child, please put relationship).....</p> <p>It is expected that you have consulted your doctor about any health problems,</p> <p>Bank details name-S.M.Michelson sort code 55-81-19 ac no. 08008434</p>	<p><b>Date</b>.....</p> <p>Adults: £30.00 Children: £25.00</p>